



Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, VT 05495
www.dvha.vermont.gov

[phone] (802)879-5903
[fax] (802)879-5963

**VERMONT MEDICAID ADMISSION NOTIFICATION FORM
FOR OUT-OF-STATE HOSPITALS
URGENT AND EMERGENT ADMISSIONS**
(For Admissions to Out-of-State Hospitals Excluding Border Hospitals)

Prior authorization is not needed for out-of-state (OOS) urgent or emergent inpatient admissions. Notification of the admissions and clinical documentation must be faxed to the DVHA Clinical Unit by the next business day for concurrent review. Concurrent review will begin at the time of notification and throughout the course of the inpatient hospital stay. Notification of discharge is required.

Beneficiary Information

Patient Last Name: _____ First Name: _____
Medicaid ID Number: _____ Date of birth: _____ Gender: M F
(please circle)
Date of Admission: _____ Date of Procedure: _____
Anticipated Discharge Date: _____

Provider Information

Admitting Provider Name: _____ VT Medicaid Provider #: _____
NPI #: _____ Taxonomy #: _____
Address: _____ Telephone: _____
Contact Person Name: _____ Telephone: _____ Fax: _____

Facility Information

Facility Name: _____ VT Medicaid Provider #: _____
NPI #: _____ Taxonomy #: _____
Address: _____ Telephone: _____
Contact Person Name: _____ Telephone: _____ Fax: _____

Diagnosis: _____ ICD-9 Code: _____ Procedure: _____ CPT Code: _____
Diagnosis: _____ ICD-9 Code: _____ Procedure: _____ CPT Code: _____
Diagnosis: _____ ICD-9 Code: _____ Procedure: _____ CPT Code: _____

